

# FOR INSTRUCTIONS, SEE BACK OF FORM

## CHECK ONE:

- ☒ This is an **initial** Statement of Organization  
☐ This is an **amended** Statement of Organization

2010 AUG 25 AM 9:06

\*An Initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 01/2003)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. #	18686
Indexed	
Audited	
Computer	

## COMMITTEE NAME

Committee to Elect Jody Anderson

IMPORTANT: Indicate type of committee you are reporting for:

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

## COMMITTEE TREASURER

Name: Stacey Anderson  
Mailing Address: 821 Richmond Ave  
City, State, Zip Code: Iowa Falls, Ia 50126  
Phone (641): 648 3932  
e-Mail: JSAnderson89@msn.com

## COMMITTEE CHAIR

Name: Ruth Anderson  
Mailing Address: 219 South Ave  
City, State, Zip Code: Iowa Falls, Ia 50126  
Phone (641): 648 9216  
e-Mail: \_\_\_\_\_

## INDICATE PURPOSE OF COMMITTEE - Check One Box

Comment or description:

- ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

All Candidates Enter:

Office Sought: Hardin County Supervisor

District: Hardin County

Political Party (if applicable): Democrat

Year Standing for Election: 2010

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: Hardin

Date of Election: 11-02-2010

## Bank Account Name

Committee To Elect Jody Anderson Supervisor

Name of Financial Institution/Type of Account

Iowa Falls State Bank / Checking

Mailing Address

821 Richmond Ave

City

Iowa Falls Ia

State

Zip

50126

## Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Jody Lewis Anderson

Mailing Address

821 Richmond Ave

City

Iowa Falls

State

Ia

Zip

50126

Phone (641): 648 3932

e-Mail

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO: COUNTY CENTRAL COMMITTEE

(2) DONATED TO: LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify)

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Stacey A. Anderson

Signature of Treasurer

Jody Lewis Anderson

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

8-17-2010

Date Signed

8-17-2010

Date Signed